Disability Allowance application

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The Disability Allowance helps with extra costs if you or a family member has a health condition, injury or disability lasting more than six months. The allowance can help with extra costs directly related to the health condition, injury or disability.

You'll need your doctor, specialist or nurse practitioner to fill in the Disability Allowance medical certificate in this form. You need to complete a separate form for each person you're applying for, so please ask if you need more forms.

Tell us about yourself

Client number 446 | 061 | 714

It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

Tell us your details

1 What is your full name?

First and middle names: INDI ROSE

Surname or family name: COLEMAN

2 What date were you born?

Day: 05 Month: 10 Year: 2002

3 Where do you live?

Flat/House number: 7

Street name: MATAI ST

Suburb: LANSDOWNE

Town/City: MASTERTON

HOW TO ANSWER Q3: If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

4 Is your mailing address different from where you live?

☑ No ☐ Yes **If yes, tell us your mailing address**

HOW TO ANSWER Q4: Mailing address can include a PO Box, rural delivery details, or C/O address.

5 How else can we contact you?

Tick the best way for us to first contact you

Home phone	( )	
Mobile phone	(021) 051 6769	
Other phone	( )	
Email		

HOW TO ANSWER Q5: Please only give us contact details you'd like us to use.

Tell us about your relationship status

6 Do you have a partner?

☑ No **Go to question 9** ☐ Yes

7 What is your partner's full name?

First and middle names:

Surname or family name:

8 What is your partner's date of birth?

Day: Month: Year:

Tell us about the people in your household

Tell us about who you live with

INFORMATION FOR Q9:
If the people you live with get a benefit or pension from us, we'll match your information with theirs, and we may need to contact them.

ATTACHMENT FOR Q9:
If more than 4 other people live at your address, please write these details about each one on a separate sheet of paper, and bring them with this application form.

9 **What other people live at your residence?** (Tick all that apply)

☐ I live alone **Go to question 11**

☐ My partner and/or dependent children **Go to question 11**

☑ The people listed below (don't list your partner or dependent children)

First name	Surname or family name	Relationship to you
GRANT	COLEMAN	FATHER

Our definitions of renters and boarders are:

- **Renters**: people who pay for accommodation only
- **Boarders**: people who pay a fixed amount for accommodation, food and utilities, and are not included on the tenancy agreement. This includes people living in a boarding house (with food provided) or social housing property and are not the head tenant.

10 **Do any of the people you live with, listed in Q9 above, pay you board or rent?**

☑ No **Go to question 11** ☐ Yes **If yes, please provide details below**

HOW TO ANSWER Q10:
'Self-contained' means there is a kitchen or a kitchenette and a bathroom. If it's a caravan or campervan it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- Sink
- Toilet

Person 1

Full name of renter or boarder
Date of birth / /
Phone number ( )
Email address
Do they pay you rent or board? ☐ Rent ☐ Board
How much do they pay? $ How often?
When did they start paying? / /
Does this person live in a self-contained part of the property?

☐ No **Go to next person or question 11**

☐ Yes **What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres²)
.	×	.	=	.

What is the total floor area of the whole property? . metres²

HOW TO ANSWER Q10:
The floor area for the whole home can be found by looking up the address on **qv.co.nz**

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ATTACHMENT FOR Q10:

If more than 4 other people live at your address, please write these details about each one on a separate sheet of paper, and bring them with this application form.

Person 2

Full name of renter or boarder

Date of birth / /

Phone number ( )

Email address

Do they pay you rent or board? ☐ Rent ☐ Board

How much do they pay? $ How often?

When did they start paying? / /

Does this person live in a self-contained part of the property?

☐ No **Go to next person or question 11**

☐ Yes **What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres^2)
.	×	.	=	.

What is the total floor area of the whole property? . metres^2

Person 3

Full name of renter or boarder

Date of birth / /

Phone number ( )

Email address

Do they pay you rent or board? ☐ Rent ☐ Board

How much do they pay? $ How often?

When did they start paying? / /

Does this person live in a self-contained part of the property?

☐ No **Go to next person or question 11**

☐ Yes **What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres^2)
.	×	.	=	.

What is the total floor area of the whole property? . metres^2

Person 4

Full name of renter or boarder

Date of birth / /

Phone number ( )

Email address

Do they pay you rent or board? ☐ Rent ☐ Board

How much do they pay? $ How often?

When did they start paying? / /

Does this person live in a self-contained part of the property?

☐ No **Go to question 11**

☐ Yes **What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres^2)
.	×	.	=	.

What is the total floor area of the whole property? . metres^2

Tell us about your accommodation costs

11 Do you get board or rent payments from another person?

☑ No **Go to question 25** ☐ Yes

12 Are you receiving, or are you applying for, an Accommodation Supplement?

☐ No ☑ Yes **Go to question 25**

INFORMATION FOR Q13: By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

13 Do you pay rent?

☐ No **Go to question 18** ☑ Yes

14 Do you pay rent to Kāinga Ora or an approved community housing provider?

☑ No ☐ Yes

15 What is the total amount of rent paid each week for your home?

$ 200

ATTACHMENT FOR Q16: You'll need to show proof of what you pay for rent.

16 How much of this total amount do you pay for you and your family?

$

ATTACHMENT FOR Q17: You'll need to show proof of what you pay for water rates.

17 Do you pay water rates separately from your rent?

☑ No ☐ Yes **If yes, tell us how much you pay**

$ How often

HOW TO ANSWER Q18: For example food, electricity, telephone.

INFORMATION FOR Q18: By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

18 Do you pay board?

☑ No **Go to question 21** ☐ Yes **If yes, tell us what costs your board includes**

ATTACHMENT FOR Q19: You'll need to show proof of what you pay for board.

19 What is the total amount of board you pay for you and your family?

$

INFORMATION FOR Q20: If your landlord gets a benefit or pension from us, we may need to contact them. We need this information so we can correctly identify them.

20 Tell us about the person or organisation you pay rent or board to:

Person's or organisation's full name

GRANT COLEMAN

Person's or organisation's contact details

Address	7 MATAI ST, LANSDOWNE, MASTERTON
Phone number	(021) 554 132
Email	

If paid to a person, what is their date of birth (if known)?

Day	Month	Year
31	10	1965

21

Do you own the home you live in?

☑ No **Go to question 25** ☐ Yes

HOW TO ANSWER Q22:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

ATTACHMENT FOR Q22:

You'll need to show proof of your home ownership costs.

22

What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		$	
Other mortgage		$	
House insurance		$	
Mortgage insurance		$	
Rates		$	
Ground lease		$	
Water rates		$	
Body corporate fees		$	

ATTACHMENT FOR Q24:

Bring receipts for any repair and maintenance costs.

23

Did you have to pay for repairs and maintenance to your home in the last 12 months?

☐ No ☐ Yes → **If yes, please write the total amount** $

24

Have you received a rates rebate in the last 52 weeks?

☐ No ☐ Yes Amount $ Rating year 1 July 20

to 30 June 20

Tell us about your income and assets

Tell us about income in the last 52 weeks?

ATTACHMENT FOR Q25:
Bring a copy of your business accounts.

INFORMATION FOR Q25:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

25 **Did you or your partner (if you have one) get income from any of the following sources in the last 52 weeks?**

Wages or salary	☐ No	☑ Yes	
Termination pay	☑ No	☐ Yes	
Redundancy pay	☑ No	☐ Yes	
Accident compensation (eg ACC)	☑ No	☐ Yes	
Income insurance (replacement/protection)	☑ No	☐ Yes	☐ Jointly with partner
Farm or business income	☑ No	☐ Yes	☐ Jointly with partner
Payments from self-employment or contract work	☑ No	☐ Yes	☐ Jointly with partner
Interest from savings, investments, or bonds	☑ No	☐ Yes	☐ Jointly with partner
Dividends from shares, unit trusts, or managed funds	☑ No	☐ Yes	☐ Jointly with partner
Income from rents	☑ No	☐ Yes	☐ Jointly with partner
Payments from boarders or flatmates	☑ No	☐ Yes	☐ Jointly with partner
Child Support payments (private arrangement or through Inland Revenue)	☑ No	☐ Yes	
Other income for a child	☑ No	☐ Yes	
Maintenance payments	☑ No	☐ Yes	
Payments from a former partner	☑ No	☐ Yes	
Student Allowance, scholarship, or Student Loan living cost payments	☐ No	☑ Yes	
Overseas pension, benefit or allowance payments	☑ No	☐ Yes	
Other superannuation or retirement scheme income (government or private)	☑ No	☐ Yes	
Income from an estate, if you've inherited money	☑ No	☐ Yes	☐ Jointly with partner
Income from trusts	☑ No	☐ Yes	☐ Jointly with partner
Other	☑ No	☐ Yes	☐ Jointly with partner

ATTACHMENT FOR Q26:
You need to show us proof of income.

26 **Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 25?**

☐ No ☐ Yes **If yes, tell us the total before-tax amounts, for the last 52 weeks**

Where did the payment come from?	You	Your partner	Jointly with partner
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

HOW TO ANSWER Q27:
The types of income you need to include here are listed in question 25.

27 **Do you or your partner (if you have one) expect to get income or other payments in the next 52 weeks?**

☑ No ☐ Yes ↓ **If yes, write the details below. Tell us the before-tax amounts**

Where will the payment come from?	You	Your partner	Jointly with partner
	$	$	$
	$	$	$
	$	$	$

28 **Do you run your own business?**

☑ No **Go to question 31** ☐ Yes

INFORMATION FOR Q29:
For example a room you use as an office.

29 **Do you claim back part of the home you live in as a business expense from Inland Revenue at the end of each tax year?**

☑ No **Go to question 31** ☐ Yes

HOW TO ANSWER Q30:
If you don't know the exact amount please estimate it, based on the percentage of your home used for the business. Talk with us if you're not sure.

30 **What is the amount you claim back from Inland Revenue?**

$

Other rent payments

HOW TO ANSWER Q31:
For example:

- a person pays you to use your garage to park their car in each week
- an organisation rents a bedroom they use as an office.

31 **Do you rent out some of your residence (not used for accommodation purposes) to another person or organisation?**

☐ No **Go to question 36** ☐ Yes

HOW TO ANSWER Q32:
For example a bedroom or garage.

32 **What is the space they rent?**

33 **What is the floor area of the space they use?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres²)
.	×	.	=	.

34 **What is the total floor area of the whole property?**

. metres²

35 **How much do they pay you?**

Amount	How often (eg weekly)?	Start date of payment
$		/ /

Tell us about the person you're applying for

ATTACHMENT FOR Q36:
You need to provide a Disability Allowance medical certificate for each person you apply for.

INFORMATION FOR Q36:
You may be able to get a Child Disability Allowance for the same child. Please ask us.

36 **Who in your family has health-related costs?**

☑ You ☐ Your partner ☐ Your dependent child

If applying for your dependent child, tell us their names

Child's first name	Child's surname

Tell us about any payments you get for these health needs

37 **Do you get payments from private medical insurance for any health-related needs?**

☑ No ☐ Yes **If yes, please write the details below**

What cost is covered	How much is paid?	Name of person the payment is for
	$	
	$	
	$	

38 **Is this health condition covered by ACC or War Disablement Pension?**

☑ No ☐ Yes If 'yes', you may not be entitled to a Disability Allowance

Describe your extra costs

HOW TO ANSWER Q39:
Extra costs must be directly related to the health condition. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power or gas, transport and special equipment.

ATTACHMENT FOR Q39:
You'll need to show proof of these costs.

39 **What extra health-related costs do you have?**

Type of cost	Cost	How often? (For example weekly, monthly, yearly)	Name of person costs relate to
COUNSELLING	$ 110	WEEKLY	INDI
	$		
	$		
	$		
	$		
	$		
	$		
	$		

Obligations and signature

Let us know when things change

You need to let us know about changes that might affect the amount you're paid, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to any board and/or rent payments you get
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- are travelling overseas
- go into or come out of hospital
- are being held in custody or on remand.

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at **msd.govt.nz/reviews**

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete.

Applicant's name (print)	Applicant's signature	Day	Month	Year
INDI COLEMAN		06	5	2026

Applicant's partner's name (print)	Applicant's partner's signature	Day	Month	Year

Disability Allowance
medical certificate

Health practitioner to complete

MINISTRY OF SOCIAL DEVELOPMENT

The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are met:

1. The person has a disability which is likely to continue for at least six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
   - the person requires ongoing support to undertake the normal functions of life, or
   - the person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence in the body of organisms capable of causing illness.

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us.

For more information go to **workandincome.govt.nz** and search *Disability Allowance.*

Client details

1 **Client number** 446 | 061 | 714

2 **Client's name**

First names IXSOI

Surname COLEMAN

Disability details

3 **Does the person have a disability that meets the Disability Allowance criteria?**

☑ Yes **If yes, provide the details below** ☐ No **Go to Health Practitioner Verification**

4 **What is the nature of the person's disability?** **Please tick the major disabilities or specify below**

Psychological or psychiatric conditions

☑ Stress (160)
☐ Depression (161)
☐ Bipolar disorder (162)
☐ Schizophrenia (163)
☑ Other psychological/psychiatric (165)

Nervous system disorders

☐ Epilepsy (120)
☐ Multiple sclerosis (121)
☐ Parkinson's disease (122)
☐ Muscular dystrophy (123)
☐ Other nervous system disorders (124)

Cardio-vascular disorders

☐ Heart disease (130)
☐ Stroke (131)
☐ Other cardio-vascular (132)

Immune system disorders

☐ HIV / Aids (140)
☐ Other immune system disorders (141)

Metabolic and endocrine disorders

☐ Diabetes (150)
☐ Other metabolic or endocrine disorders (151)

Substance abuse

☐ Alcohol (170)
☐ Drug (171)
☐ Other substance abuse (172)

Sensory disorders

☐ Blindness (180)
☐ Other visual / eye (181)
☐ Hearing / ear (182)
☐ Other sensory disorders (183)

Accident

☐ Burns (190)
☐ Fractures, dislocations, soft tissue injury (191)
☐ Poisoning, toxic effects (192)
☐ Internal injuries (193)
☐ Injury to the nervous system (194)
☐ Back pain / injury (195)
☐ Overuse injury [RSI] (196)
☐ Complications of medical or surgical care (197)
☐ Other injury (198)

Other disorders

☐ Congenital conditions (103)
☐ Intellectual disability (164)
☐ Cancer (104)
☐ Infectious / parasitic diseases (105)
☐ Musculo-skeletal system disorder (106)
☐ Respiratory disorders (107)
☐ Genito-urinary disorders (108)
☐ Blood and blood forming organs (109)
☐ Skin disorders (110)
☐ Digestive system disorder (111)

5 **Please indicate the expected duration of the disability:**

☐ Less than 6 months **There may be no entitlement to Disability Allowance**

☐ 6 to 12 months ☑ 1 to 2 years ☐ 2 to 3 years ☐ Permanent (never reassess)

Verification of doctor, specialist or nurse practitioner visits

6 **Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary because of the stated disability:**

Type of consultation	Cost	How often (eg daily, weekly, monthly)	Health practitioner's initials
MEDICAL FEES	$	AS NEEDED	DRE
MEDICATION	$	AS NEEDED	DRE
	$		
	$		
	$		

Items, services, treatments, pharmaceuticals

7 **Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:**

Item / service / treatment / pharmaceutical	Health practitioner's initials
COUNSELLING	DRE

Health practitioner's verification

Please print your details below.

HPI number 24 | 4W4S

Health practitioner's full name

Dr Ruben Escriva

Practice name and address

Masterton Medical
PO Box 458, Masterton
Ph: 06 370 0011
NZMC: 84992
ACC: PAQ703

Telephone number ( )

Health practitioner's signature

Day	Month	Year
30	4	2026